



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNITY MEDICAL AND SURGICAL HOSPITAL

City of Hospital: Mishawaka

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Denys Boyer

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Medicare Provider Number: 150177

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67232126
Outpatient Patient Service Revenue	\$26038077
Total Gross Patient Service Revenue	\$93270203

2. Deductions From Revenue

Contractual Allowance	\$57169423
Other Deductions	\$0
Total Deductions	\$57169423

3. Total Operating Revenue

Net Patient Service Revenue	\$36100781
Other Operating Revenue	\$185184
Total Operating Revenue	\$36285965

4. Operating Expenses

Salaries and Wages	\$5847834	Employee Benefits	\$604772
Depreciation and Amortization	\$2345528	Interest Expense	\$3063758
Bad Debt	\$-98592	Other Expenses	\$29103587
Total Operating Expenses	\$40866887		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4580923	Total Assets	\$19136899
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$26715114

Total Net Gains	\$-4580923
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37218561	\$27125967	\$10092594
Medicaid	\$608152	\$395714	\$212438
Other Government	\$1432541	\$1163176	\$269365
Other State	\$0	\$0	\$0
Other Payers	\$54010949	\$28484565	\$25526384
Total	\$93270203	\$57169422	\$36100781

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$37265	\$-37265

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$119280	\$-119280
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$69
Number of Hospital Patients Educated	\$2317
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$62199	
HCI Payments	\$0		
Subtotal	\$0	\$62199	\$-62199
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$308880	\$-308880
Other Allocations	\$0	\$0	\$0

Comments

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